

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10596384.

FILING DATE
06 APR 2007

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2		/		/			
3	/			/			
4	/	2		/			
5	/			/			
6	/			/			
7	/			/			
8	/			/			
9	/			/			
10		2		/			
11	/			/			
12	/			/			
13	/			/			
14	/			/			
15	/			/			
16	0			/			
17	/			/			
18	/			/			
19	/			/			
20	/			/			
21	/			/			
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	/		/				
TOTAL DEP.	22	←	20	←			←
TOTAL CLAIMS	23		21				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							